

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Prison Health Services  
 Lewis Peyton Chapman III  
 Rushton Stakely Johnston & Garrett PC  
 P.O. Box 270  
 Montgomery, AL 36101-0270

## A. Signature

X *Chapman*

Agent  
 Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

4-19-06

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

7:04 04/20/06

CFO

40

. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes2. Article Number  
 (Transfer from s

7005 1820 0002 3465 0443

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540